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## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

544952000100

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))				\$375.00	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))	17 minus 20 =	0	x\$9.00	\$0.00	OR	\$	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	0	x\$42.00	\$0.00	OR	\$	\$
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+\$140.00	\$0.00	OR	\$	\$
			TOTAL	\$375.00	OR	TOTAL	\$

\*If the different in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus		=	x\$	\$	OR	\$	\$
	Independent (37 CFR 1.16(b))		Minus		=	x\$	\$	OR	\$	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$	\$	OR	\$	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus		=	x\$	\$	OR	\$	\$
	Independent (37 CFR 1.16(b))		Minus		=	x\$	\$	OR	\$	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$	\$	OR	\$	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))		Minus		=	x\$	\$	OR	\$	\$
	Independent (37 CFR 1.16(b))		Minus		=	x\$	\$	OR	\$	\$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$	\$	OR	\$	\$
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND

FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450